


# **EXHIBIT 5**

STOCK COMPANY

## COMMERCIAL LINES POLICY

# WESTERN WORLD

An  company

**POLICY NUMBER: NPP8664937**

Prior Policy Number: **NPP8518775**

☒ WESTERN WORLD INSURANCE COMPANY    ☐ TUDOR INSURANCE COMPANY    ☐ STRATFORD INSURANCE COMPANY

## COMMON POLICY DECLARATIONS

**Agent/Broker #31601**

**Named Insured and Mailing Address:**

## Olympic Steakhouse

5711 Hwy 412

BELLS, TN 38006

This insurance contract is with an insurer not licensed to transact insurance in the state and is issued and delivered as a surplus line coverage pursuant to the Tennessee Insurance statutes.

**Producer:**

Risk Placement Services, Inc. - Florence  
301 E. Limestone Street

Florence, AL 35630

Policy Period: (Mo./Day/Yr.)

From: 03/13/2020

To: 03/13/2021

12:01 AM, standard time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGES FOR WHICH A PREMIUM IS INDICATED.  
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial Property Coverage Part	\$	
Commercial General Liability Coverage Part	\$	
Commercial Auto Coverage Part	\$	NOT COVERED
	\$	
	\$	
	\$	
Other Coverages: Terrorism Risk Insurance Act	\$	NOT COVERED
	\$	
	\$	
	\$	
	\$	
<b>TOTAL ADVANCE PREMIUM</b>	\$	
Broker Fee - RPS	\$	
TN Surplus Lines Tax	\$	
TN Clearinghouse Fee	\$	
	\$	
	\$	
	\$	
<b>GRAND TOTAL</b>	\$	

**Forms and endorsements applying to this policy and attached at time of issue:**

**See Applicable Schedule Of Forms And Endorsements**

COMMON POLICY DECLARATIONS (continued)

POLICY NUMBER: NPP8664937

<b>The Named Insured Is:</b>	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Organization/Corporation
<input type="checkbox"/> Trust	
<input type="checkbox"/> Other _____	
Location of Business: See WW10A	Business Description: Restaurant

THESE DECLARATIONS TOGETHER WITH THE COVERAGE PART DECLARATIONS, THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

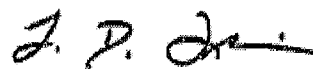
**WESTERN WORLD INSURANCE GROUP**

Western World Insurance Company  
Tudor Insurance Company  
Stratford Insurance Company

Administrative Office  
300 Kimball Drive, Suite 500  
Parsippany, New Jersey 07054

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. If required by state law, this policy shall not be valid unless countersigned by **our** authorized representative.

  
Secretary

  
President

Countersigned:	By _____
03/19/2020    SHAIKHMI	Authorized Representative

# **COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS**

Policy Number: NPP8664937Effective Date: 03/13/2020 12:01 A.M., Standard Time☒ "X" If Supplemental Declarations is attached.

ITEM 1. DESCRIPTION OF PREMISES				
PREM NO.	BLDG NO.	LOCATION (Street, City, State, Zip)	CONSTRUCTION	OCCUPANCY
1	1	5711 Hwy 412 BELLS, TN 38006	Modified Fire	Restaurants
			Resistive	
1	2	5711 Hwy 412 BELLS, TN 38006	Noncombustible	Warehouses
1	3	5711 Hwy 412 BELLS, TN 38006	Noncombustible	Warehouses
1	4	5711 Hwy 412 BELLS, TN 38006	Noncombustible	Warehouses

ITEM 2. COVERAGES PROVIDED - INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY TO COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN. REFER TO SCHEDULE OF FORMS AND ENDORSEMENTS FOR ANY MODIFICATIONS TO THE COVERED CAUSES OF LOSS.						
PREM NO.	BLDG NO.	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	COINSURANCE†	PREMIUM
1	1	Building	\$1,020,000	Special	80 %	████████
1	1	Business Personal Property	\$31,200	Special	80 %	████████
1	1	Spoilage - CP0440	\$10,000	Special	%	████████
1	1	Business Income (and Extra Expense)	\$125,000	Special	%	████████
1	1	Property Plus - Direct Damage	\$50,000	Special	%	████████
1	2	Building	\$75,000	Special	80 %	████████
1	3	Building	\$75,000	Special	80 %	████████
1	4	Building	\$151,500	Special	80 %	████████

† IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

ITEM 3. OPTIONAL COVERAGES - APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE BELOW									
REPLACEMENT COST - (X) BELOW HEADING WHERE APPLICABLE					APPLIES TO BUSINESS INCOME ONLY				
PREM NO.	BLDG NO.	BUILDING	BUSINESS PERSONAL PROPERTY	INCLUDING "STOCK"	PREM NO.	BLDG NO.	MONTHLY LIMIT OF INDEMNITY (Fraction)	MAXIMUM PERIOD OF INDEM. (Days)	EXTENDED PERIOD OF INDEM. (Days)
1	1	X			1	1	1/4		
1	1		X						
1	2	X							
1	3	X							
1	4	X							

ITEM 4. DEDUCTIBLE	
\$2,500	EXCEPTIONS: \$

ITEM 5. FORMS AND ENDORSEMENTS
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE - SEE SCHEDULE OF FORMS AND ENDORSEMENTS

ITEM 6. PREMIUM
PREMIUM FOR THIS COVERAGE PART: \$7,938.00

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

